

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different
than previously
reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C

C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer

DOUGLAS R HITZEMANN

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

04

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	30035.00	77560.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	30035.00	77510.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22491.09	68015.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22491.09	68015.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14494.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

14700.00

51905.00

(ii) Unitemized.....

3610.00

10180.00

(iii) TOTAL of contributions from individuals ▶

18310.00

62085.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

11725.00

15475.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

30035.00

77560.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

5000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

5000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

30035.00

82560.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22491.09	68015.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	50.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	22491.09	68065.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6950.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30035.00
25. SUBTOTAL (add Line 23 and Line 24).....	36985.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22491.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14494.35

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

PAUL COLLIS

A.

Mailing Address 53804 208TH LANE

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLLIS C-STORE

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

G.M. ENGER

B.

Mailing Address PO BOX 53

City

BLUE EARTH

State

MN

Zip Code

56013

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

APPRAISER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		14		2014

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

G.M. ENGER

C.

Mailing Address PO BOX 53

City

BLUE EARTH

State

MN

Zip Code

56013

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

APPRAISER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

BILL FITZSIMMONS

A.

Mailing Address 15135 550TH AVE

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
FARMER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOHN FITZSIMMONS

B.

Mailing Address 14259 550TH AVE

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
GENERAL MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

PAT FITZSIMMONS

C.

Mailing Address 72515 237TH ST

City

DASSEL

State

MN

Zip Code

55325

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
FARM MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) RICHARD FITZSIMMONS			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 14445 550TH AVE			Transaction ID : SA11AI.4460	
City	State	Zip Code		
GOOD THUNDER	MN	56037		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer PROTEIN SOURCES		Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00		
B. Full Name (Last, First, Middle Initial) DARCY HERMEL			Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 100 OAK TERRACE CT			Transaction ID : SA11AI.4422	
City	State	Zip Code		
MANKATO	MN	56001		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2600.00	
Name of Employer		Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) JOHN HOLLERICH			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 308 SMITH COURT			Transaction ID : SA11AI.4463	
City	State	Zip Code		
MAPLETON	MN	56065		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer PROTEIN SOURCES		Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....			3600.00	
TOTAL This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial)
KATHLEEN KREKLAU

Mailing Address 2117 BARGAMIN LOOP

City State Zip Code
CROZET VA 22932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
ROBERT KREKLAU

Mailing Address 2117 BARGAMIN LOOP

City State Zip Code
CROZET VA 22932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
BILL MARKS

Mailing Address 22922 N RIVERFRONT DR

City State Zip Code
MANKATO MN 56001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MG BIOLOGICS CEO

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

TIMOTHY MURRAY

A.

Mailing Address 57217 200TH ST

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

DOCTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEVEN PERKINS

B.

Mailing Address 5600 S JAREN LEE PL

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.4435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

SUSAN PETERSON

C.

Mailing Address PO BOX 271

City

LAKE CRYSTAL

State

MN

Zip Code

56055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

DANIEL SOHRE**A.**

Mailing Address 305 SMITH CT.

City

MAPLETON

State

MN

Zip Code

56065

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROTEIN SOURCESOccupation
ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

GARY STEUART**B.**

Mailing Address 40184 120TH ST

City

MABEL

State

MN

Zip Code

55954

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWNEROccupation
STEUART LABORATORIES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

GARY STEUART**C.**

Mailing Address 40184 120TH ST

City

MABEL

State

MN

Zip Code

55954

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWNEROccupation
STEUART LABORATORIES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

STEPHEN VOGT

A.

Mailing Address 350 FOX RUN RD

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FUND MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : SA11Al.4378

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

14700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

A. Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address PO BOX 63		Transaction ID : SA11D.4524	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C HOMN01045		In-kind - Filing Fee	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9050.00		
B. Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO BOX 63		Transaction ID : SA11D.4535	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C HOMN01045		In-kind - Forgiveness of Loan	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 14050.00		
C. Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO BOX 63		Transaction ID : SA11D.4538	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period 5500.00
FEC ID number of contributing federal political committee. C HOMN01045		In-kind - Mileage	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 19550.00		
SUBTOTAL of Receipts This Page (optional).....		10800.00	
TOTAL This Period (last page this line number only).....			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. AMBIENT LIGHT STUDIOS

Mailing Address 310 MAIN ST NE

City	State	Zip Code
MAPLETON	MN	56065

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

204.94

Transaction ID : SB17.4507

B. BEST BUY

Mailing Address 1895 ADAMS ST

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
COMPUTER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

710.79

Transaction ID : SB17.4508

C. BEST WESTERN HOTEL

Mailing Address 821 E PLAZA ST

City	State	Zip Code
ALBERT LEA	MN	56007

Purpose of Disbursement
HOSPITALITY SUITES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2014

Amount of Each Disbursement this Period

253.85

Transaction ID : SB17.4526

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1169.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. MICHAEL BRYAN

Mailing Address 1500 OLD COMPTON ROAD

City	State	Zip Code
HENRICO	VA	23238

Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4502

B. MICHAEL BRYAN

Mailing Address 1500 OLD COMPTON ROAD

City	State	Zip Code
HENRICO	VA	23238

Purpose of Disbursement
WEB DESIGN

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4509

C. CLARK

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
FUEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

105.01

Transaction ID : SB17.4511

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1355.01

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4499

B. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4501

C. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4505

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2300.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2014

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4506

B. LON FIRCHAU

Mailing Address 125 FALCON DR

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement
CAMPAIGN MANAGER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4510

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4500

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Filing Fee

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 04 / 2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4525

B. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Forgiveness of Loan

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4536

C. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: MN District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.4539

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10800.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Meals

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4541

B. JAMES HAGEDORN

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement
In-kind - Postage and Office Supplies

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.4543

C. KWIK TRIP

Mailing Address MADISON AVE

City	State	Zip Code
MANKATO	MN	56001

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

746.07

Transaction ID : SB17.4512

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1671.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

A. NATION BUILDER

Mailing Address 448 S HILL ST

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEB ORGANIZATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.4513

B. NATION BUILDER

Mailing Address 448 S HILL ST

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEB ORGANIZATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.4514

C. NATION BUILDER

Mailing Address 448 S HILL ST

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEB ORGANIZATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

53.12

Transaction ID : SB17.4515

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

191.12

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4354

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES HAGEDORN

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 31 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.4354

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID: